

(Print or Type)



Building Location \_\_\_\_\_ Owner's Name \_\_\_\_\_

\_\_\_\_\_ Type of Occupancy \_\_\_\_\_

New Renovation Replacement Plans Submitted: Yes ☐ No ☐

## FIXTURES

P

[illegible]

Check one:

Certificate

Installing Company Name \_\_\_\_\_

 Corporation

Address

## Partnership

Business Telephone \_\_\_\_\_

 Firm/Co.

Name of Licensed Plumber

I have a current liability policy or its substantial equivalent which meets the requirements of MGL Ch. 142.

Yes ☐ No ☐

If you have checked yes, please indicate the type coverage by checking the appropriate box.

A liability insurance policy ☐

Other type of indemnity ☐

Bond 

**OWNER'S INSURANCE WAIVER:** I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent

Check one:

Owner ☐      Agent ☐

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By \_\_\_\_\_

Title

City/Town

**APPROVED** (OFFICE USE ONLY)

Signature of Licensed Plumber

Type of License: Master ☐Journeyman 

License Number